

MAR 08 2006

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FACSIMILE COVER SHEET

March 8, 2006

Receiver: Examiner Shelly A. Chase (USPTO Central Fax)**FAX #:** 571-273-8300**Sender:** Mary Deaunlaire, Patent Secretary for
Roger S. Sampson**Our Ref. No.:** NWISP039**Application No:** 10/635,884**Re:** Response to First Office Action**Pages Including Cover Sheet(s):** 16**MESSAGE:**

Attached are the following, all with Certificate of Transmission.

<u>1</u> sheets	Amendment Transmittal
<u>10</u> sheets	Amendment A
<u>2</u> sheets	Terminal Disclaimer Re: 10/635,793 (NWISP043)
<u>2</u> sheets	Terminal Disclaimer Re: 10/635,744 (NWISP042)

CONFIDENTIALITY NOTE

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NO. 523 P. 2

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Nemawarkar et al.

Attorney Docket No.: NWISP039

Application No.: 10/635,884

Examiner: Shelly A. Chase

Filed: August 5, 2003

Group: 2133

Title: COMMUNICATION BETWEEN MULTI
PROCESSOR CLUSTERS OF MULTI-CLUSTER
COMPUTER SYSTEMS**CERTIFICATE OF TRANSMISSION**I hereby certify that this correspondence is being transmitted via facsimile to the U.S. Patent and Trademark Office, Attention: Examiner Shelly A. Chase, at facsimile telephone number (571) 273-8300 on March 8, 2006.

Signed: _____

Mary Deauchaire

AMENDMENT TRANSMITTALMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.


The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	30	MINUS	30	0	x 25 =	x 50 = 0
Independent Claims	5	MINUS	5	0	x 100 =	x 200 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid						N/a
Total						\$ 0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$ _____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. NWISP039).

Respectfully submitted,

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